

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1				
3		2		1		
4		⓪		1		
5		⓪		1		
6		⓪		1		
7		⓪		1		
8		⓪		1		
9		⓪		1		
10		⓪		1		
11		⓪		1		
12		⓪		1		
13	1			1		
14	1		1			
15		1		1		
16		2		1		
17		⓪		1		
18		⓪		1		
19		⓪		1		
20		⓪		1		
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22		⓪		1		
23	1		1			
24	1		1			
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TOTAL IND.		↓	2	↓		↓
TOTAL DEP.		↓	24	↓		↓
TOTAL CLAIMS			26			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS